



Illinois Department of Insurance

JB PRITZKER
Governor

ROBERT H. MURIEL
Director

VIA ELECTRONIC MAIL
VIA USPS

July 15, 2019

Mr. Dennis R. Glass
President
Lincoln National Life Insurance Company
1300 S. Clinton Street
Fort Wayne, IN 46802

Re: Lincoln National Life Insurance Company, NAIC 65676
Market Conduct Examination Report Closing Letter

Dear Mr. Glass:

The Department has reviewed your Company's proof of compliance and deems it adequate and sufficient. Therefore, the Department is closing its file on this exam.

I intend to ask the Director to make the Examination Report and Stipulation and Consent Order available for public inspection as authorized by 215 ILCS 5/132. At the Department's discretion, specific content of the report may be subject to redaction for private, personal, or trade secret information prior to making the report public. However, any redacted information will be made available to other regulators upon request.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Erica Weyhenmeyer".

Erica Weyhenmeyer
Chief Market Conduct Examiner
Illinois Department of Insurance
320 West Washington St., 5th Floor
Springfield, IL 62767
Phone: 217-782-1790
E-mail: Erica.Weyhenmeyer@Illinois.gov

**ILLINOIS DEPARTMENT OF INSURANCE
MARKET CONDUCT EXAMINATION
OF**

LINCOLN NATIONAL LIFE INSURANCE COMPANY

MARKET CONDUCT EXAMINATION REPORT

DATE OF EXAMINATION: May 6, 2017 through January 12, 2018

EXAMINATION OF: Lincoln National Life Insurance Company
NAIC #65676

LOCATION: 1300 South Clinton Street
Fort Wayne, Indiana 46802

PERIOD COVERED BY EXAMINATION: March 1, 2016 through February 28, 2017
(September 1, 2015 through February 28, 2017 for complaints)

EXAMINERS: Joseph Cohen
Derek Stepp
Phillip Chesson
Josephine Sitter
André J. Mumper-Ham, Examiner-in-Charge

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I. SUMMARY

A market conduct examination of Lincoln National Life Insurance Company (the Company) was performed to determine compliance with Illinois statutes and the Illinois Administrative Code. The lines of business reviewed were life, annuity, and group accident and health.

The following table represents general findings with specific details in each section of the report.

<u>Table of Total Violations</u>						
Criticism Number	Statute/Rule	Description of Violations	Population	Files Reviewed	No. of Violations	Error %
02 Consumer Complaints	215 ILCS 5/143d(b)	Failed to respond to complaints within 21 days of receipt of the complaint.	32	32	18	56%
09 Appeals	215 ILCS 5/154.6(b)	Failed to acknowledge an appeal within 15 business days.	356	356	68	19%
10 Appeals	215 ILCS 5/368a(c)	Failed to pay interest on health claims not paid within 30 days of receipt of written proof of loss.	356	356	1	0.27%
11 Appeals	215 ILCS 5/368a(c)	Failed to timely decide claim appeals required under the adopted Company policies based on ERISA timelines.	356	356	17	4.8%
13 Individual Life Conversions	215 ILCS 5/224(1)(c)	Failed to attach an endorsed application to the policy when issued.	116	79	1	1%
15 Individual Life Conversions	50 Ill. Admin. Code 1406.80(a)(1), (b)(1), and/or (d)	Failed to provide, at time of sale, signed initial illustrations or acknowledgments for later delivery of the illustration.	116	79	4	5%
16 Individual Life Conversions	215 ILCS 5/143(1)	Failed to use a filed and/or approved form modifying the two-year contestability or incontestability provision.	116	79	40	51%
20 Individual Life External Replacement	50 Ill. Admin. Code 917.70(c)	Failed to confirm replacement notifications were sent within three (3) business days.	839	113	7	6%
25 Group Annuity Paid	215 ILCS 5/154.6(b)/ 919.30(c)	Failed to acknowledge claim within 15 business days after receipt. .	48	48	3	6%

Table of Total Violations

Criticism Number	Statute/Rule	Description of Violations	Population	Files Reviewed	No. of Violations	Error %
26 Group Long Term Disability Denied	50 Ill. Admin. Code 919.50(a)(1)	Failed to send a denial letter with "Notice of Availability" to the insured.	109	76	1	1%
27 Group Dental Paid	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide to insured reason for delay for unresolved claim.	41,669	109	1	1%
1 Interrelated Finding	215 ILCS 5/143(1)	Failed to file forms related to its Enhanced Cash Surrender Value Option	N/A	N/A	N/A	N/A

II. BACKGROUND

Lincoln National Life Insurance Company – NAIC #65676

The Lincoln National Life Insurance Company was founded in Fort Wayne, Indiana, on June 12, 1905. The Company conducts business in all states except New York.

The Company sells wealth protection, accumulation, and retirement income products including life insurance and annuities. Individual plans include fixed annuities, including indexed annuities, and variable annuities. Life insurance offerings include both individual and survivorship versions of universal life and variable universal life, term insurance and a linked-benefit product (which is a universal life insurance policy linked with riders that provide for long-term care costs).

In addition, the Company offers employer-sponsored fixed and variable annuities, corporate-owned universal and variable universal life insurance, and bank-owned universal and variable universal life insurance. Additional products include term life, disability income, and dental insurance primarily in the small to mid-sized employer marketplace for their eligible employees.

The Company's products are distributed through its affiliated wholesaler, Lincoln Financial Distributors, and its affiliated retail organization, Lincoln Financial Network – the marketing name for Lincoln Financial Advisors and Jefferson Pilot Securities Corporation. Through these distributors, the Company's products are marketed through a large number of financial intermediaries including wire/regional firms, independent financial planners, financial institutions, and managing general agents/independent marketing organizations.

In 2016, Lincoln National Life Insurance Company had \$254,037,506 in direct written premiums with a 4.8032% market share for life insurance and had \$286,066,041 in direct written premiums with a 3.889% market share for annuities in Illinois.

The Company's 2016 NAIC Annual Statement, Page 24 (Illinois), reflects the following information for group accident and health:

	Line	Direct Premiums Written	Direct Premiums Earned	Direct Losses Paid	Direct Losses Incurred
24	Group Accident and Health	\$45,852,018	\$46,069,098	\$40,538,188	\$37,631,13

III. METHODOLOGY

The market conduct examination process places emphasis on an insurer's systems and procedures used in dealing with insureds and claimants. The life, annuity, and group accident and health business was reviewed in this examination.

The scope of this examination was a targeted examination including a review of the following areas:

- A. Company Operations and Management
- B. Complaints
- C. Appeals
- D. Producer Licensing
- E. Underwriting
- F. Claims

These categories were reviewed through examination of material related to the Company's:

- A. operations and management
- B. complaint files
- C. producer lists
- D. underwriting files
- E. risk selection files
- F. claim files.
- G. interviews with various Company personnel
- H. responses to the coordinator's handbook
- I. interrogatories

Each of the categories listed above was examined for compliance with Illinois statutes and the Illinois Administrative Code.

The following method was used to obtain the required samples and to ensure a statistically sound selection. Surveys were developed from Company-generated Excel spreadsheets. Random statistical file selections were generated by the examiners from these spreadsheets. In the event the number of files was too low for a random sample, the sample consisted of the universe of files.

Company Operations and Management

A review was conducted of the Company's underwriting and claims guidelines and procedures, policy forms, third party vendors, internal audits, certificate of authority, previous market conduct examinations and annual statements. There were no exceptions noted.

Complaints

The Company was requested to identify all consumer and Illinois Department of Insurance (ILDOI) complaints received during the examination period, plus six (6) months prior for trending purposes, and to provide copies of the complaint logs. All complaint files and logs were received.

Appeals

The Company was requested to identify all appeals for the period of September 1, 2015 through February 28, 2017. All appeal files and logs were received.

Producer Licensing

The Company was requested to provide a list of all producers licensed to do business in Illinois and a list of those producers paid commission in Illinois during the examination period. The Company identified a universe of producers. The universe of producers was reviewed in comparison to the Illinois licensing database. Newly issued business was also reviewed to determine if solicitations were made by duly licensed persons. There were no exceptions noted.

Underwriting

The Company was requested to provide a list of all life, annuity, non-forfeitures, and group accident and health policies. The Company identified the universe of policies; random samples of the files were made by the examiners and submitted to the Company. The files were received and reviewed. New policies were also reviewed to determine the correct use of filed forms and for compliance with Company underwriting and policy guidelines.

Claims

The Company was requested to provide a list of all claims in various categories during the examination period, including paid and denied claims. Due to various disqualifying factors, some individual files in the samples were replaced with another file. The files were reviewed to ensure the claims were processed in compliance with the policy, Illinois statutes and the Illinois Administrative Code.

IV. SELECTION OF SAMPLES

	<u>Population</u>	<u># Reviewed</u>	<u>% Reviewed</u>
Complaints			
DOI Complaints	27	27	100%
Consumer Complaints	32	32	100%
Appeals			
Consumer Appeals	356	356	100%
Producer Licensing			
Active Producers	21,434	116	0.54%
Underwriting			
Group Life – New Business	157	79	50.32%
Individual Life – New Business	3117	115	3.69%
Individual Life – External Replacement	839	113	13.71%
Individual Life – Internal Replacement	35	35	100%
Individual Life – Conversions	116	79	68.10%
Individual Life – Rated, Not Taken, Free Look	217	84	38.71%
Non-Forfeiture – Automatic Premium Loan	128	79	61.72%
Non-Forfeiture – Policy Loans	94	79	84.04%
Non-Forfeiture – Surrenders Individual Life	1032	113	10.95%
Non-Forfeiture – Extended Term	8	8	100%
Non-Forfeiture – Reduced Paid Up	2	2	100%
Group Annuity – New Business	313	84	26.84%
Individual Annuity – New Business	1760	114	6.48%
Individual Annuity – Replacement	572	113	19.76%
Group Annuity – Surrenders	3581	115	3.21%
Individual Annuity – Surrenders	14,162	116	0.82%
Individual Annuity – Rated, Not Taken, Free Look	13	13	100%
Group Disability – New Business	256	84	32.81%
Group Dental – New Business	125	79	63.20%
Group Critical Illness – New Business	1	1	100%
Group Accident, AD&D – New Business	1	1	100%

	<u>Population</u>	<u># Reviewed</u>	<u>% Reviewed</u>
Individual Claims			
Individual Life – Paid	444	43	9.68%
Individual Life – Denied	40	21	52.50%
Individual Life – Disability Paid	3	3	100%
Individual Annuity – Paid	869	54	6.21%
Individual Annuity – Denied	20	10	50%
Individual Claims – Closed Block of Business			
Met Life – Denied	1	1	100%
Met Life – Paid	1	1	100%
Colonial – Paid	8	8	100%
Pavonia – Paid	1	1	100%
AMR – Paid	5	5	100%
Group Claims			
Group Accident – Paid	410	42	10.24%
Group Critical Illness – Paid	335	41	12.24%
Group Dental – Paid	41,669	109	0.26%
Group Life – Paid	626	105	16.77%
Group Long Term Disability – Paid	460	42	9.13%
Group Short Term Disability – Paid	3,052	54	1.77%
Group Annuity – Paid	71	71	100%
Group Accident – Denied	84	38	45.23%
Group Critical Illness – Denied	51	26	50.98%
Group Dental – Denied	4,911	54	1.09%
Group Life – Denied	3	3	100%
Group Long Term Disability – Denied	109	76	69.72%
Group Short Term Disability – Denied	623	53	8.51%
Group Annuity – Denied	0	0	N/A

V. FINDINGS

A. COMPLAINTS

1. Department of Insurance Complaints

A review of 27 Department of Insurance complaints produced no violations.

2. Consumer Complaints

In 18 instances of the 32 consumer complaint files reviewed, for an error percentage of 56%, the Company failed to respond within 21 days of receipt of the consumer complaint. This is in violation of 215 ILCS 5/143d(b).

B. APPEALS

In 68 instances of the 356 appeals files reviewed, for an error percentage of 19%, the Company failed to acknowledge an appeal within 15 business days after receipt of communication from the claimant or insured. This is in violation of 215 ILCS 5/154.6(b).

In one (1) instances of the 356 appeals files reviewed, for an error percentage of 0.27%, the Company failed to pay interest on health claims. This is in violation of 215 ILCS 5/368a(c). The company made interest payments totaling \$11.78.

In 17 instances of the 356 appeals files reviewed, for an error percentage of 4.8%, the Company failed to timely decide claim appeals required under the adopted Company policies based on the Employee Retirement Income Security Act (ERISA) timelines. This is in violation of 215 ILCS 5/368a(c).

C. PRODUCER LICENSING

There were no criticisms in the producer licensing survey.

D. UNDERWRITING

1. Group Life – New Business

There were no criticisms in the group life new business survey.

2. Individual Life – New Business

There were no criticisms in the individual life new business survey.

3. Individual Life – External Replacement

In seven (7) instances of the 113 individual life external replacement files reviewed, for an error percentage of 6%, the Company failed to forward to the existing insurer, within 3 working days after receipt of the application the Notice Regarding Proposed Replacement of Life Insurance or Annuity. This is in violation of 50 Ill. Admin. Code 917.70(c).

4. Individual Life – Internal Replacement

There were no criticisms in the individual life internal replacement survey.

5. Individual Life – Conversions

In one (1) instance of the 79 conversion files reviewed, for an error percentage of 1%, the Company failed to attach an endorsed application to the policy when issued. This is in violation of 215 ILCS 5/224(1)(c).

In four (4) instances of the 79 conversion files reviewed, for an error percentage of 5%, the Company failed to provide, at time of sale, signed initial illustrations or acknowledgments for later delivery of the illustration as required under 50 Ill. Admin. Code 1406.80(a)(1), (b)(1) and/or (d).

In 40 instances of the 79 conversion files reviewed, for an error percentage of 51%, the Company failed to use a filed and/or approved form modifying the two-year contestability or incontestability. This is in violation of 215 ILCS 5/143(1).

6. Individual Life – Rated, Not Taken, Free Look

There were no criticisms in the individual life rated, not taken, free look survey.

7. Non-Forfeiture – Automatic Premium Loan

There were no exceptions noted in the non-forfeiture automatic premium loan review survey.

8. Non-Forfeiture – Policy Loans

There were no criticisms in the non-forfeiture policy loans survey.

9. Non-Forfeiture – Surrenders Individual Life

There were no criticisms in the non-forfeiture surrenders individual life survey.

10. Non-Forfeiture – Extended Term

There were no criticisms in the non-forfeiture extended term survey.

11. Non-Forfeiture – Reduced Paid Up

There were no criticisms in the non-forfeiture reduced paid up survey.

12. Group Annuity – New Business

There were no criticisms in the group annuity new business survey.

13. Individual Annuity – New Business

There were no criticisms in the individual annuity new business survey.

14. Individual Annuity – Replacement

There were no criticisms in the individual annuity replacement survey.

15. Group Annuity – Surrenders

There were no criticisms in the group annuity surrenders survey.

16. Individual Annuity – Surrenders

There were no criticisms in the individual annuity surrenders survey.

17. Individual Annuity – Rated, Not Taken, Free Look

There were no criticisms in the individual annuity rated, not taken, free look survey.

18. Group Disability – New Business

There were no criticisms in the group disability new business survey.

19. Group Dental – New Business

There were no criticisms in the group dental new business survey.

20. Group Critical Illness – New Business

There were no criticisms in the group critical illness new business survey.

21. Group Accident, Accidental Death and Dismemberment

There were no criticisms in the group accident, accidental death and dismemberment new business survey.

E. CLAIMS

1. Individual Life – Paid

There were no criticisms in the individual life paid survey. The median for payment was 24 days.

2. Individual Life – Denied

There were no criticisms in the individual life denied survey. The median for denial was three (3) days.

3. Individual Life – Disability Paid

There were no criticisms in the individual life disability paid survey. The median for payment was one (1) day.

4. Individual Annuity – Paid

There were no criticisms in the individual annuity paid survey. The median for payment was 20 days.

5. Individual Annuity – Denied

There were no criticisms in the individual annuity denied survey. The median for denial was 30 days.

6. Individual – Closed Block of Business

There were no criticisms in the closed block of business. The median for denial was 15 days for Met Life denied claims. The median for payment was one (1) day for Met Life, 20 days for Colonial, nine (9) days for Pavonia and 54 days for AMR paid claims.

7. Group Accident – Paid

There were no criticisms in the group accident paid survey. The median for payment was three (3) days.

8. Group Critical Illness – Paid

There were no criticisms in the group critical illness paid survey. The median for payment was three (3) days.

9. Group Dental – Paid

In one (1) instance of 109 group dental paid claims files reviewed, for an error percentage of 1%, the Company failed to send a delay letter for an unresolved claim. This is in violation of 50 Ill. Admin. Code 919.70(a)(2). The median for payment was one (1) day.

10. Group Life – Paid

There were no exceptions noted in the group life paid review survey. The median for payment was five (5) days.

11. Group Long Term Disability – Paid

There were no criticisms in the group long term disability paid survey. The median for payment was four (4) days.

12. Group Short Term Disability – Paid

There were no criticisms in the group short term disability paid survey. The median for payment was 13 days.

13. Group Annuity – Paid

In 3 instances of 48 group annuity paid claims files reviewed, for an error percentage of 6%, the Company failed to acknowledge receipt of claim within 15 business days after receipt. This is in violation of 215 ILCS 5/154.6(b) as defined by 50 Ill. Admin. Code 919.40. The median for payment was three (3) days.

14. Group Accident – Denied

There were no criticisms in the group accident denied survey. The median for denial was one (1) day.

15. Group Critical Illness – Denied

There were no criticisms in the group critical illness denied survey. The median for denial was one (1) day.

16. Group Dental – Denied

There were no criticisms in the group dental denied survey. The median for denial was one (1) day.

17. Group Life – Denied

There were no criticisms in the group life denied survey. The median for denial was 49 days.

18. Group Long Term Disability – Denied

In one (1) instance of 76 group long term disability denied claims files reviewed, for an error percentage of 1%, the Company failed to send a denial letter with language of “Notice of Availability” to the insured. This is in violation of 50 Ill. Admin. Code 919.50(a)(1). The median for denial was 51 days.

19. Group Short Term Disability – Denied

There were no criticisms in the group short term disability denied survey. The median for denial was 13 days.

F. INTERRELATED FINDING

During the examination, the Department was made aware that the Company was offering an Enhance Cash Surrender Value (ECSV) offer to their policyholders. The ECSV Option is a contract that gives a special surrender value and is supplemental to a life insurance policy as described in 215 ILCS 5/4 Class 1(a), so it is an endorsement that must be filed with the Department for approval per 215 ILCS 5/143(1).

STATE OF PENNSYLVANIA)
) ss
COUNTY OF YORK)

André J. Mumper-Ham, being first duly sworn upon his/her oath, deposes and says:

That he was appointed by the Director of Insurance of the State of Illinois (the "Director") as Examiner-In Charge to examine the insurance business and affairs of Lincoln National Life Insurance Company NAIC 65676.

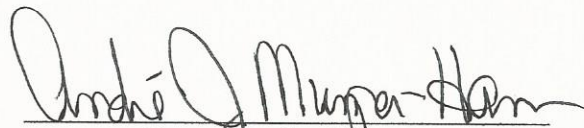
That the Examiner-In-Charge was directed to make a full and true report to the Director of the examination with a full statement of the condition and operation of the business and affairs of the Companies with any other information as shall in the opinion of the Examiner-In-Charge be requisite to furnish the Director with a statement of the condition and operation of the Companies' business and affairs and the manner in which the Companies conduct their business;

That neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is an officer of, connected with, or financially interested in the Companies nor any of the Companies' affiliates other than as a policyholder or claimant under a policy or as an owner of shares in a regulated diversified investment company, and that neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is financially interested in any other corporation or person affected by the examination;

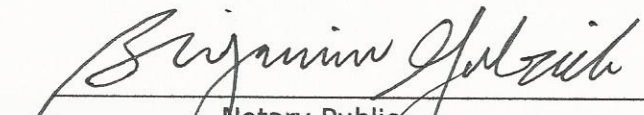
That an examination was made of the affairs of the Companies pursuant to the authority vested in the Examiner-In-Charge by the Director of Insurance of the State of Illinois;

That she/he was the Examiner-in-Charge of said examination and the attached report of examination is a full and true statement of the condition and operation of the insurance business and affairs of the Companies for the period covered by the Report as determined by the examiners;

That the Report contains only facts ascertained from the books, papers, records, or documents, and other evidence obtained by investigation and examined or ascertained from the testimony of officers or agents or other persons examined under oath concerning the business, affairs, conduct, and performance of the Companies.

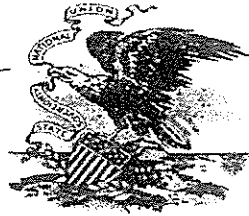

Examiner-In-Charge

Subscribed and sworn to before me
this 9th day of February, 2018


Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Benjamin Gabriele, Notary Public
York, York County
My Commission Expires November 13, 2019

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE



IN THE MATTER OF:

LINCOLN NATIONAL LIFE INSURANCE COMPANY
1300 S. CLINTON STREET
FORT WAYNE, IN 46802

STIPULATION AND CONSENT ORDER

WHEREAS, the Director of the Illinois Department of Insurance ("Department") is a duly authorized and appointed official of the State of Illinois, having authority and responsibility for the enforcement of the insurance laws of this State; and

WHEREAS, Lincoln National Life Insurance Company ("the Company"), NAIC 65676, is authorized under the insurance laws of this State and by the Director to engage in the business of soliciting, selling and issuing insurance policies; and

WHEREAS, a Market Conduct Examination of the Company was conducted by a duly qualified examiner of the Department pursuant to Sections 132, 401, 402, 403, and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402, 5/403, and 5/425); and

WHEREAS, as a result of the Market Conduct Examination, the Department examiner filed a Market Conduct Examination Report which is an official document of the Department; and

WHEREAS, the Market Conduct Examination Report cited various areas in which the Company was not in compliance with the Illinois Insurance Code (215 ILCS 5/1 *et seq.*), and Department Regulations (50 Ill. Adm. Code 101 *et seq.*); and

WHEREAS, nothing herein contained, nor any action taken by the Company in connection with this Stipulation and Consent Order, shall constitute, or be construed as, an admission of fault, liability or wrongdoing of any kind whatsoever by the Company; and

WHEREAS, the Company is aware of and understands their various rights in connection with the examination and report, including the right to counsel, notice, hearing and appeal under Sections 132, 401, 402, 407, and 407.2 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Company understands and agrees that by entering into this Stipulation and Consent Order, they waive any and all rights to notice and hearing; and

WHEREAS, the Company and the Director, for the purpose of resolving all matters raised by the report and in order to avoid any further administrative action, hereby enter into this Stipulation and Consent Order.

NOW, THEREFORE, IT IS AGREED by and between the Company and the Director as follows:

1. The Market Conduct Examination indicated various areas in which the Company was not in compliance with provisions of the Illinois Insurance Code and Department Regulations; and
2. The Director and the Company consent to this Order requiring the Company to take certain actions to come into compliance with provisions of the Illinois Insurance Code and Department Regulations.

THEREFORE, IT IS HEREBY ORDERED by the undersigned Director that the Company shall:

1. Institute and maintain policies and procedures whereby the Company shall provide a written response to written inquiries and complaints from consumers within 21 days of receipt as required by 215 ILCS 5/143d(b).
2. Institute and maintain policies and procedures whereby the Company shall acknowledge with reasonable promptness pertinent communications with respect to all claims arising under its policies as required by 215 ILCS 5/154.6(b).
3. Institute and maintain procedures whereby the Company shall file for approval all forms the Company intends to use in Illinois with the Department as required by 215 ILCS 5/143(1).
4. Submit to the Director of Insurance, State of Illinois, proof of compliance with the above three (3) orders within 30 days of execution of this Order.
5. Pay to the Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$35,000.00 to be paid within 30 days of execution of this Order.

NOTHING contained herein shall prohibit the Director from taking any and all appropriate regulatory action as set forth in the Illinois Insurance Code including, but not limited to, levying additional forfeitures, should the Company violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Department Regulations.

On behalf of LINCOLN NATIONAL LIFE INSURANCE COMPANY

Bradley R Skarie
Signature

Bradley R Skarie
Name

AVP Compliance / Legal
Title

Subscribed and sworn to before me this
4th day of JUNE 2019.

Kristina Ann Ash
Notary Public



DEPARTMENT OF INSURANCE of the
State of Illinois:

DATE 6/18/19

Muriel
Robert H. Muriel
Acting Director

